

DIVERSION SERVICES AGREEMENT

CalWORKs Program

CASE NAME	CASE NUMBER	WORKER NAME	WORKER NUMBER
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WORKER COMPLETES:

- ☐ Cash payment in the amount of: \$_____ for the following need: _____
- ☐ Non-cash services: The purchase price or current value for the non-cash services is: \$_____
- Describe non-cash services: _____
- ☐ The diversion period will be from _____ (DATE) to _____ (DATE).

APPLICANT COMPLETES:

I choose to get diversion services because I do not need or want to get cash aid every month, but I need some cash or non-cash assistance now to solve a current need or emergency situation. The county and I agree to the above method of payment.

Initial Each Item

_____ I certify that I have read the diversion coversheet. I understand the rules and my responsibilities for choosing diversion services instead of getting cash aid each month.

I also understand that:

_____ I will get a notice that denies my current application for cash aid, and gives me the method of payment for my diversion services and the number of months in my diversion period.

- When figuring the number of months in my diversion period, the county will take the amount of the payment/services and divide it by the Maximum Aid Payment for my assistance unit at the time I received diversion services.
- When figuring my diversion period, the county determines the purchase price/current value for the non-cash services.

_____ I will get a separate approval or denial notice(s) for any other benefits I applied for, such as Food Stamps and Medi-Cal.

_____ If I apply and am found eligible for cash aid before my diversion period ends, I must tell the county I choose to either:

- Repay the cash value of the diversion services by lowering my monthly cash aid payment by an amount determined by the county; or
- Count the number of months in my diversion period toward the 60-month maximum limit on the time I am eligible to get aid.

_____ If I apply for cash aid and am found eligible after my diversion period ends, the county will only count one month against my 60-month time limit. No repayment is required.

SIGNATURE OF PARENT OR CARETAKER RELATIVE	DATE
SIGNATURE OF ADULT SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME)	DATE
SIGNATURE OF WITNESS TO MARK OR INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

I certify the parent/caretaker relative has been given a copy of the CW 88 "Coversheet and Diversion Services Agreement." The parent/caretaker relative says he/she understands the rules and his/her responsibilities for choosing diversion services instead of getting monthly cash aid. The parent/caretaker relative also says he/she understands the rules for the diversion period.

SIGNATURE OF COUNTY WORKER	DATE
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COUNTY USE ONLY

Diversion Period Calculation:

Diversion Amount \$_____ ÷ AU MAP \$_____ = _____ months. (Exclude partial months.)